

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 225850

Entity Name: HCE CORPORATION

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

1900 5TH ST, NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3036  
WINTER HAVEN, FL 33885

**New Mailing Address:**

FEI Number: 59-0870657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DYAL, LUCIUS M JR  
1900 FIFTH ST., N.W.  
WINTER HAVEN, FL 33881 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIXON, KEITH D  
Address: 1900 FIFTH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: MIXON, GREGORY C  
Address: 1900 FIFTH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: MIXON, GERALD M JR  
Address: 1900 FIFTH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S/TR ( ) Delete  
Name: DETJEN, SCARLET D  
Address: 144 LONGFELLOW RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete  
Name: DYAL, LUCIUS M  
Address: 1900 FIFTH ST NW  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/TR (X) Change ( ) Addition  
Name: DETJEN, SCARLET D  
Address: 1900 FIFTH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCARLET DETJEN

S/TR

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date